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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURTIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB AP	PROVAL
OMB Number Expires:	3235-0076 April 30, 2008
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Name of Offering (check if this is an amendment and name has changed, and indicate check Ecosphere Financing	ange.)
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☒ !	Section 4(6) ULOE
Type of Filing: New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Ecosphere Technologies, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 3515 S.E. Lionel Terrace, Stuart, Florida 34997	Telephone Number (Including Area Code) (772) 287-4846
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Engineered and patented Clean Tech solutions that addre humanitarian issues	ess pressing global environmental and
	(please specify) PROCESSEI
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year 98	✓ Actual ☐ Estimated JAN 1 2 2007
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	or State. THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Pederal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee. There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information re	quested for the fe	ollowing:			
• Each promoter of the issuer, if the issuer has been organized within the past five years;					
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;					
Each executive offi	cer and director	of corporate issuers and o	of corporate general and m	anaging partners	of partnership issuers; and
Each general and m	anaging partner	of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, McGuire, Dennis	if individual)				
Business or Residence Addr 3515 S.E. Lionel Terrace			ode)		
Check Box(cs) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Rushing III, James C.	if individual)				
Business or Residence Addr 3515 S.E. Lionel Terrace			lode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☑ Director	General and/or Managing Partner
Full Name (Last name first, Johnson, Stephen R.	if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code) 3515 S.E. Lionel Terrace, Stuart, Florida 34997					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Allbaugh, Joe M.	if individual)				
Business or Residence Addr 400 North Capital Street					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, McGuire, Jacqueline K.	if individual)				
Business or Residence Addr 3515 S.E. Lionel Terrace			ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Sterner, George R.	if individual)				
Business or Residence Addr 2708 Hatmark Street, Vio			ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Donn Sr., Michael R.	if individual)				
Business or Residence Addr 3515 S.E. Lionel Terrace			ode)		

		A. BASIC IDEN	CIPICATION DATA		
2. Enter the information req	uested for the fo	ollowing:		•	. "
Each promoter of the	e issuer, if the is	suer has been organized	within the past five years;		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;					
	•	of cornorate issuers and	of corporate general and m	anaging parlnare	of northarchin iccuare, and
		-	or corporate general and in	anaging partiers	or partitership issuers, and
		of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Hechtman, Barry I.	if individual)				
Business or Residence Addre 8100 SW 81 Drive, #210,			ode)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Lavelle, J. Francis	if individual)				
Business or Residence Addre 245 Park Avenue, New Y			Code)		
Check Box(cs) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Vinick, Charles	if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code) 2323 Foothill Lane, Santa Barbara, CA 93105					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		•		
Business or Residence Address (Number and Street, City, State, Zip Code)					
Check Box(cs) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Addre	ess (Number and	d Street, City, State, Zip C	ode)	·	

B. INFORMATION ABOUT OFFERING					
	Yes	No			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Ц				
Answer also in Appendix, Column 2, if filing under ULOE.					
2. What is the minimum investment that will be accepted from any individual?		10			
3. Does the offering permit joint ownership of a single unit?	Yes	No □			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and / or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.					
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)] All St	ates			
AL AK AZ AR CA CO CT DE DC FL GA HI IL IN IA KS KY LA ME MD MA MI MN MS MT NE NV NII NJ NM NY NC ND OH OK OR RI SC SD TN TX UT VT VA WA WV WI WY	MC PA				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)	7 All St	ates			
AL AK AZ AR CA CO CT DE DC FL GA HI IL IN IA KS KY LA ME MD MA MI MN MS MT NE NV NH NJ NM NY NC ND OH OK OR RI SC SD TN TX UT VT VA WA WV WI WY	ID MC PA				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)] All St	ates			
AL AK AZ AR CA CO CT DE DC FL GA HI IL IN IA KS KY LA ME MD MA MI MN MS MT NE NV NII NJ NM NY NC ND OH OK OR RI SC SD TN TX UT VT VA WA WY WY	MC PA	<u> </u>			

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 				
Type of Security		Aggregate fering Price	Amo	ount Already Sold
Debt	\$		s	
Equity	<u> </u>	300,000	\$	300,000
☐ Common ☐ Preferred				
Convertible Securities (including warrants)	\$	4,700,000	\$	4.700.000
Partnership Interests	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
·	<u> </u>		\$	
Other (Specify)	<u> </u>	5,000,000	<u> </u>	5,000,000
		3,000,000	_3	3,000,000
Answer also in appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors	Do	Aggregate Har Amount Purchases
Accredited Investors		7	\$	5,000,000
Non-accredited Investors			_\$	
Total (for filings under Rule 504 only)			\$	
Answer also in Appendix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
Type of offering		Type of Security	Do	llar Amount Sold
Rule 505		-	\$	
Regulation A			<u> </u>	
Rule 504			<u> </u>	
Total			\$	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure				
is not known, furnish an estimate and check the box to the left of the estimate.				
is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fee			<u>s</u>	
			<u>s</u> s	
Transfer Agent's Fee		_		59,000
Transfer Agent's Fee			S	59,000
Transfer Agent's Fee			<u>\$</u>	59,000
Transfer Agent's Fee Printing and Engraving Costs Legal Fees Accounting Fees			\$ \$ \$	59,000
Transfer Agent's Fee Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees			\$ \$ \$	59,000 275,000

Exhibit A

Due diligence by lead investor	\$40,000
Finder's Fees	
Alliance Advisors, LLC	\$187,500
Gerald Cass	\$47,500
Total	\$275,000